

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>F.H.</i>		<i>10-15-01</i>
O.I.P.E. CLASSIFIER	<i>MA</i>		<i>11-3-01</i>
FORMALITY REVIEW	<i>2H</i>	<i>1120</i>	<i>11-15-01</i>
RESPONSE FORMALITY REVIEW	<i>LC</i>	<i>1024</i>	<i>5-9-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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50 553 M 11/15/01